



**MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION**

**ELECTRONIC DEVICE MANUFACTURER
REGISTRATION FORM**

*Registration is required under authority of Section 17303 of Part 173, Electronics, of the
Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.*

**FOR ADDITIONAL INFORMATION, CONTACT THE
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY,
OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION,
SUSTAINABLE MATERIALS MANAGEMENT UNIT AT 517-284-6590**

YEAR 2014-15 **FOR DEQ USE ONLY**

Date Received by DEQ: 10-31-2014

Received by: MLO

Fee: \$3,000 Yes ☒ No ☐

ACH Payment: Yes ☐ No ☐

Confirmation # _____

NOTE: PLEASE COMPLETE THE ENTIRE APPLICATION EVEN IF THE ANSWER IS "N/A" OR "0"

ELECTRONIC DEVICE MANUFACTURER:

1. Company Name (True Name and All Assumed Names): Elo Touch Solutions, Inc.

2. Area Code and Telephone Number:
800-557-1458

3. Manufacturer of:

Video Display Devices (televisions)

Yes ☐

No ☒

Computers (includes monitors)

Yes ☒

No ☐

Printers

Yes ☐

No ☒

4. Mailing Address:

Address: 1033 McCarthy Blvd.

City: Milpitas

State: CA

ZIP: 95035

Country: USA

County (If in Michigan):

5. Home Web Site Address: www.elotouch.com

6a. Contact name: Lourdes Lopez

6b. Contact e-mail address: lourdes.lopez@elotouch.com

6c. Contact telephone number: 408-597-8224

**BRAND NAMES OF COVERED ELECTRONIC DEVICE(S) AND TYPE OF DEVICE (video display or computer)
SOLD BY THE MANUFACTURER**

7. Please list the brand names of covered devices your company manufactures. (Attach an additional page if necessary.)

(a) Elo (Computer)

(e)

(b) Elo Touch Solutions (Computer)

(f)

(c) Elo TouchSystems (Computer)

(g)

(d) Entuitive (Computer)

(h)

RECEIVED

OCT 24 2014

DEPARTMENT OF ENVIRONMENTAL QUALITY

For Cashiers Use Only

EDM 890224-2-1 11/03/14
33000 45605 0124

AY 2015 \$3,000

TAKEBACK PROGRAM CONSUMER CONTACTS

8a. What Web site address do you provide to consumers for information on your Takeback program?
<http://www.elotouch.com/AboutElo/ewaste-program/default.asp>

8b. If the Web site address above includes a link to the Takeback program describe how to find that link on the Web site: Once on the website click the "USA" link then scroll down to the heading titled: Residents of Michigan. Next click the "Learn more" link where you will be directed to the RLGA webpage. Read the information on the page, click "Next" then select Michigan from the drop down menu and continue to follow the instructions.

8c. If provided, what telephone number do you provide to consumers for information on your Takeback program? 866-337-1078

TAKEBACK PROGRAM INFORMATION

9. What are the primary method(s) utilized by your Takeback program? Check up to two boxes.

Mailback ☒

Permanent collection site ☐

Collection events ☐

Retailer ☐

9a. Identity of the person responsible for coordination of the Takeback program.

Name: Kim Fox
917-2185

e-mail address: elo@rlgamericas.com

Phone #: 510-

9b. Please describe your Takeback program.

Elo offers a convenient mail-back program to provide free recycling of Elo branded covered devices for eligible consumers in Michigan. The program covers Elo branded monitors and computers.

Elo partners with Reverse Logistics Group Americas, Inc. and its Take-Back and Regulatory Compliance management system to offer this program. Consumers can access the webpage at elotakeback.rlgamericas.com and enter information about their location and the equipment they intend to recycle. Based on this information, a free shipping label is generated and sent to the consumer, which the consumer can utilize to ship their used Elo product for free recycling. Consumers merely pack the product and ship it using the free shipping label.

9c. Are appropriate devices covered with your Takeback program? Check appropriate box:

If you are a manufacturer of computers do you accept all brands?

Yes ☐

No ☒

N/A ☐

If you are a manufacturer of video display devices do you accept all brands?

Yes ☐

No ☐

N/A ☒

9d. Is your Takeback program free to consumers?

Yes ☒

No ☐

9e. Is your Takeback program reasonably convenient and available to and otherwise designed to meet the needs of consumers in this state?

Yes ☒

No ☐

9f. What is the number of devices a consumer may deliver to your program each day? Unlimited ☐

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10. What information do you provide to consumers on how and where to return covered electronic devices that are labeled with your name or brand label?

Please refer to 9b above.

11. How do you provide information to consumers on how and where to return covered electronic devices?

Information about Elo's take-back program is found on the website <http://www.elotouch.com/AboutElo/ewaste-program/default.asp>

TAKEBACK PROGRAM REPORT (include this information beginning with the first registration submitted after the implementation of the Takeback program)

12a. List the number of permanent collection and/or recycling locations in the state of Michigan. 0

- a(1) The number of those collection sites that are located in counties with a population of less than 20,000 people. 0

12b. The number of collection events held during previous registration year in the state of Michigan. 0

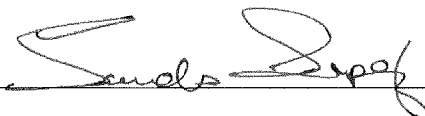
12c. List the weight of the covered electronic devices received by the Takeback program from consumers during the prior year:

0 tons thru collection locations 0 tons through collection events 0 tons through retailers 0 tons by mailback.

13. Describe the processes and methods used to recycle or reuse the covered electronic devices received from consumers: Material was shipped to an AER Worldwide recycling facility in the United States. The AER Worldwide facility does not landfill nor incinerate electronic waste. All material received by AER Worldwide through the Michigan takeback program was processed and destroyed in compliance with all state and federal environmental rules and regulations.

I, the undersigned registrant, swear and affirm, UNDER PENALTY OF LAW, that the statements contained herein are true and correct. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

PRINT NAME: Lourdes Lopez DATE: 10/15/14

SIGNATURE:  TITLE: Ops Financial Analyst